This form is to be used for the addition of beneficiaries for your retirement allowance only.

ADDENDUM TO APPLICATION FOR RETIREMENT ALLOWANCE

for	memb	ership number	
member's name			
Section 1: Retirement Allowan			
This section is to be used	I to name a benefic	ciary(ies) for your op	tion selection.
Primary Beneficiary(ies)			
Full Name of Beneficiary	Relationship	Address	Birthdate
Contingent Beneficiary(ies)			
Full Name of Beneficiary	Relationship	Address	Birthdate
	Signature of Ap	plicant	
tate of			
County of			
Sworn and subscribed before me this _	day of		, 19
Ny Commission expires	, 19		
Signature of Notary			
Official Title			